You will be provided an email with a link to register for your vaccine. For people who do not have an email, their supervisor (or a medical advocate) can assist them with registering for the vaccine clinic.

The following pages will have screen shots of each screen of the registration form. A couple of key pointers:

- Without an email address you will be disqualified from receiving your vaccination record or future notifications.
- There is no cost for the vaccine so select "No Insurance" on the Health Insurance screen.
- Once you've completed all the fields (the asterisks fields are required), click the "Save and Continue" button at the bottom of the screen.
- On the "Consent for Services" page make sure you click the box next to the vaccine.
- On the "Consent for Services" page you'll need to sign the signature box at the bottom with a mouse, or if you have a touch screen you can use your finger.
- The "Review" page allows you to review your information for accuracy. This is the final step.
- Once you've completed the process, if you've entered an email, you will receive a confirmation email of the registration process.



Please select a time for your appointment. The selected time slot will be held for 15 minutes.

Time	Appointments Available
O 02:00 pm	No appointments available
O 02:06 pm	No appointments available
O 02:12 pm	No appointments available
O 02:18 pm	No appointments available
O 02:24 pm	No appointments available
O 02:30 pm	1 appointments available
O 02:36 pm	1 appointments available
O 02:42 pm	1 appointments available
O 02:48 pm	1 appointments available
O 02:54 pm	1 appointments available
O 03:00 pm	1 appointments available

Select an appointment time and click "Save and Continue" at the bottom of the page. Your appointment slot will be held for 15 minutes, meaning you will have 15 minutes to complete the rest of your registration.

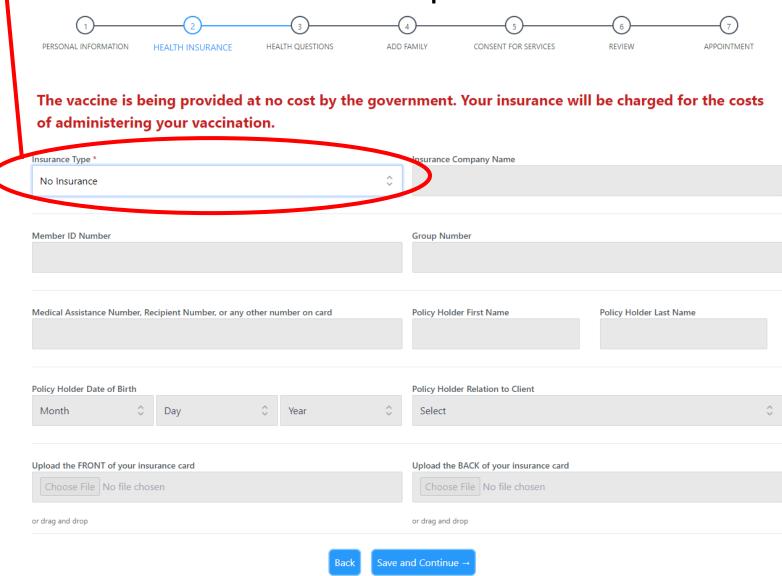


Pfizer-BIONTECH'S COVID-19 vaccine is for people 16 years and older. Moderna COVID-19 is for people 18 years and older

First Name *				Middle Initial					
Mickey									
Last Name *				Mother's Maiden Na	ıme				
Mouse									
Race *	Ethnicity *		Occupation *	Date Of Birth *			Age	Gender *	
White	Not Hispa	nic or Lati 🗘	Education (e.g., Teac 🗘	November 🗘	18 🗘	1928 🗘	92	Male	\$
Email Address		Retype Email A	ddress	Primary Phone Num	ber *		Phone Number T	ype	
mickey.mouse@disney.cor	m	mickey.mou	se@disney.com	540-555-1234			Mobile		\$
Providing no email will disqualify yo receiving your vaccination record o notifications.			ail will disqualify you from ccination record or future						
Address *		City *		State *			Zip Code *		
1375 E. Buena Vista Dr		Orlando		Florida		\$	32836		
			Save and C	Continue →					
								ve and Contin	
						mo	ve through t	the registration	n forr

Select "No Insurance" in this field and click the "Save and Continue" button at the bottom of the page.

Registering for a Vaccine in PrepMod





Click here to review the Pfizer-BIONTECH COVID-19 Fact Sheet: https://www.fda.gov/media/144414/download

Click here to review the Moderna COVID-19 Fact Sheet: https://www.fda.gov/media/144638/download

You must complete all fields with a star.

Do any of the following apply to you?

Is this your first or second COVID-19 vaccination? *

■ First ○ Second

Are you feeling sick today? *

O Yes @ No O I don't know

Have you ever had an allergic reaction to a previous dose of COVID-19 vaccine? *

O Yes ® No O I don't know

Have you received any vaccine in the last 14 days? *

O Yes @ No O I don't know

Have you received passive antibody therapy as treatment for COVID-19? *

O Yes
No O I don't know

Do you have a bleeding disorder or are you taking a blood thinner? *

O Yes ® No O I don't know

Are you breastfeeding? *

O Yes ® No O I don't know

Have you ever had an allergic reaction to another vaccine (other than COVID-19 vaccine) or an injectable medication? *

O Yes ® No O I don't know

Have you ever had a severe allergic reaction (e.g., anaphylaxis) to something? For example, a reaction for which: you were treated with epinephrine or EpiPen®, or for which you had to go to the hospital? *

O Yes ® No O I don't know

Have you ever had a positive COVID-19 test or has a doctor ever told you that you had COVID-19? *

O Yes

No O I don't know

Do you have a weakened immune system caused by something such as HIV infection or cancer or do you take a medicine that affects your immune system? *

O Yes ® No O I don't know

Are you pregnant or do you plan to become pregnant? *

O Yes ® No O I don't know

Have you ever had an allergic reaction to a component of the COVID-19 vaccine, including polyethylene glycol (PEG), which is found in some medications, such as laxatives and preparations for colonoscopy procedures? *

O Yes @ No O I don't know

Have you ever had an allergic reaction to polysorbate? *

O Yes ® No O I don't know

IMPORTANT

If you receive Pfizer-BIONTECH's vaccine, you should receive a second vaccination three weeks (21 days) later.

If you receive Moderna's vaccine, you should receive a second vaccination four weeks (28 days) later.



Save and Continue

Be sure to click the box next to the vaccine.

Registering for a Vaccine in PrepMod



Please select the desired vaccine for each patient

vaccines for: Mickey Mouse *

Mc derna COVID-19 Vaccine (EUA Fact Sheet)

y ur second dose, you must get the same vaccine brand to be considered fully vaccinated

CONSENT FOR VACCINATION(S) - YOU MUST SIGN HERE FOR YOU/YOUR FAMILY TO BE VACCINATED

I hereby authorize the administration of the COVID-19 to myself or to the person named below for whom I am the legal representative. I have read or have had explained to me the 2020-21 Vaccine Information Statement or Emergency Use Authorization Fact Sheet for the COVID-19 vaccine and understand the risks and benefits. I have had the opportunity to ask questions about this immunization. I believe the benefits outweigh the risks, and I accept full responsibility for any reactions that may result from my receipt of the immunization or the receipt of the immunization by the person named below for whom I am the legal representative. I agree that the immunization record may be shared as stated in the Notice of Privacy Practices, which includes sharing with health care providers and to support the application for payment by Medicare, Medicaid, and other third party payor. I request the third party payer to pay any authorized benefits to VDH on my behalf. The Notice of Deemed Consent for blood borne diseases has been explained to me and I understand it.

Notice of Deemed Consent for HIV, Hepatitis B or C Testing

VDH is required by § 32.1-45.1 of the Code of Virginia (1950), as amended, to give you the following notice:

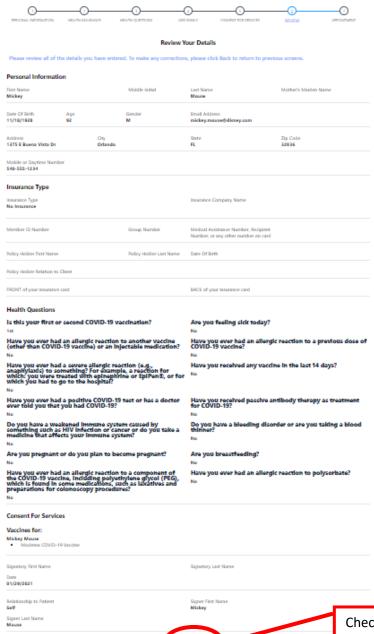
(1) If any VDH health care professional, worker or employee should be directly exposed to your blood or body fluids in a way that may transmit disease, your blood will be tested for infection with human immunodeficiency virus (HIV), as well as for Hepatitis B and C. A

physician or other health care provider will tell you the result of the test. Under Va. Code § 32.1-45.1(A), you are deemed to have consented to the release of the test results to the person exposed.

(2) If you should be directly exposed to blood or body fluids of a VDH health care professional, worker or employee in a way that may transmit disease, that person's blood will be tested for infection with human immunodeficiency virus (HIV), as well as for Hepatitis B and C. A physician or other health care provider will tell you and that person the ground fifth the test.

Use your mouse, or if you have a touch screen, your finger, to sign the from

Si	GN MY NAME	TYPE MY FULL NAME
Please sign your pasternere with y	rour finger or a mouse	
	Clear	
Date	Clear	
Date 01/29/2021	Clear	
	Clear First Name *	Last Name *



Check your information and click "Save and Continue" to finalize your registration.

From: <u>Vaccination Clinics</u>
To: <u>Mickey Mouse</u>

Subject: Your Vaccination Appointment is Confirmed! **Date:** Thursday, January 28, 2021 3:54:54 PM

WARNING: This email was sent from outside of your organization.

Mickey Mouse

This message is to confirm that Mickey Mouse is scheduled for a vaccination appointment at: **Venue/Location:** Magic Kingdom Vaccination Clinic (Initial Dose Jan6) - Dose #1

Address: 1180 Seaven Seas Dr, Lake Buena Vista, FL, 32836

Date: 02/03/2021

Time: 02:00 pm

Appointment: Reschedule | Cancel

We look forward to seeing you! Your Vaccination Provider

Thank you for registering for your vaccine